



F.P.-064

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775

(978) 567~3100 Fax: (978) 567~3199



APPLICATION FOR RE-TEST

I. APPLICATION INSTRUCTIONS

Although you have a valid application in the Office of the State Fire Marshal, you must pass a re-test before a license can be issued (i.e. Special Effect license holders must re-test with each renewal cycle). Follow the instructions below to complete this Application. Complete all sections on this form. Please type or print in black ink.

1. Circle the re-test fee payment made payable to the Commonwealth of Massachusetts

Fee for Blasting Re-Test	\$60.00 (New)	
Fee for Fireworks Re-Test	\$40.00 (New)	
Fee for Special Effects Re-Test	\$40.00 (New)	\$20.00 (Renew)
Fee for Fire Extinguisher Re-Test	\$10.00 Per Restriction	(total of \$____)

2. The current exam schedule is attached for your convenience. Please indicate the date and location of the exam that you want to register for:

Date: ____/____/____ Location: Stow ____ Northampton ____

II. APPLICANT INFORMATION

Name of Applicant: _____ Date of Birth: ____/____/____
(Last) (First) (Middle) (Month) (Day) (Year)

Address: _____
(P.O. Box not acceptable) Residential street address required City/Town, State, Zip

Phone Number: (____) ____-____ Your current MA Certificate number is: _____

Signature: _____ Date: _____